CHAPTER 7: Information System Components

Policy: The MSSP information system is dependent upon timely entering of accurate and complete data. Sites must establish and maintain policies and procedures that provide for quality control of data entry and ensure security of all elements of the system.

Purpose: Information regarding demographics, services (including IHSS services), and fiscal data are critical to the successful administration, quality assurance, and oversight of the program. These data are used to establish and adjust standards, and to provide assurance to the State and federal oversight agencies that the waiver is being implemented as approved.

References:

- CDA Standard Agreement (Site Contract).
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

7.000 MSSP Information System

7.010 Background

Historically, CDA provided technical support for the use of a State-sponsored software system (FoxPro) for the collection of information and data in support of provision of services to clients. Effective July 1, 2004, CDA withdrew support of the FoxPro system due to HIPAA requirements for software security, and sites were required to make their own arrangements to procure and maintain software for purposes of billing. Sites must also continue to collect and transmit to CDA required client and services data.

7.020 Components of the CDA MSSP Information System

Historically there have been two basic components of the CDA MSSP information system: 1) billing, and 2) client and services data. Effective July 1, 2004, sites were required to make arrangements to procure their own software system that can handle these functions. In addition to billing and client and services data, a third information system component emerged: case management documentation. Automating this component is optional from CDA's perspective, although many sites utilize software that can support all three functions. The ability to bill and continue to report accurate and timely data is imperative. All sites must be able to bill and transmit data electronically. All billing and data submissions must comply with processes and procedures specified by CDA and the State's Medi-Cal fiscal intermediary.

Care management software, if utilized, must yield products such as forms and reports that comply with this MSSP Site Manual or as approved by CDA. While a site may decide to utilize any available vendor based on their needs, the vendor they select must be able to maintain the integrity of data collection at a statewide level in order to appropriately administer the program.

These policies will be followed to ensure that software systems meet program requirements:

1. Software specifications:
   Products of a software system must comply with CDA policies as stated in this Site Manual. Changes to software specifications by CDA will be documented through CDA's MSSP Advisory Guidance Letter (MAGL) process.

2. On-Going Software Coordination:
   CDA/MSSP will continue to coordinate with the MSSP Site Association (MSA) Management Information Systems (MIS) Committee to ensure an informed and coordinated approach to software issues. The MIS Committee will review any suggested changes submitted by sites, vendors, or CDA, and make a recommendation to CDA regarding disposition of the issue. CDA will consider the recommendation of the MIS Committee in making its final decision.

The requirements in this manual regarding information systems and data reflect the minimum standards and formats that must be met and do not prohibit the collection of additional data or information deemed necessary for site operations. Sites must establish and maintain policies and procedures that provide for quality control of data entry and ensure security of all elements of the system. A users' manual for a site's information system must be available. Timelines, requirements, and information on billing procedures are found in the Medi-Cal Provider Manual. All data must be backed-up regularly and frequently.

7.100 Confidentiality and Information Systems

Each MSSP site is responsible for complying with all privacy, confidentiality and security requirements as outlined in ARTICLE XX of the CDA Standard Agreement and must have policies and procedures in place to ensure that privacy is maintained for all records containing client-specific information.

7.200 Client Data Forms

The Client Enrollment/Termination Information Form (CETIF, Appendix 17) records client demographic information.

A second form, the Service Planning and Utilization Summary (SPUS, Appendix 25), records data on all services purchased with MSSP Waiver Service funds and IHSS services, and is a part of the client's Care Plan.

7.210 Client Enrollment/Termination Information Form (CETIF)

The top section of this form (above the double lines) is completed at the time a person is enrolled as a client in MSSP. Once the data has been entered into the computer system, a hard copy of the form is printed out and retained in the client's case record. As data is changed or updated, a new hard copy must be printed and filed.

The bottom section of the form (below the double lines) is completed at the time a client's participation in MSSP is terminated. Once the data has been entered into the computer system, a hard copy of the form is printed out and filed in the client's case record.

7.220 Service Planning and Utilization Summary (SPUS)

The SPUS (Appendix 25) is an element of the client's Care Plan. The SPUS sets forth specific service information: the source of payment; the provider; the cost; the service code; and the description (Notes) of the service/items provided if not included by linkage to service code.

The form is to be completed for each client for each month they are on the program. The services tracked via the SPUS are those purchased with waiver services funds and IHSS services.

Purchased: Waiver Services (Fund Code 10)

Referred: Title XX (Fund Code 3)
Title III (Fund Code 4)
Personal Care Services Program (PCSP) and the IHSS received through the State Plan (Fund Code 6).

Note: referred services that access funding under Fund Code 3 (Title XX) and Fund Code 4 (Title III) do not need to be tracked on the SPUS.

Waiver services must be verified monthly and must include the following information:

- Provider/Vendor

- Service Type
- Units Delivered
- Costs
- Service Description

A question mark (?) in the right hand column titled "CV" indicates a discrepancy between what was authorized and what was reported as delivered. An asterisk (*) in the far right column titled "V" indicates that a service has been verified.

7.300 Client and Services Data

Data on MSSP clients and services is collected via forms described in this chapter, and submitted in electronic file format to CDA monthly. Site data systems must accommodate the minimum data set and file specifications described in Appendix 3.

7.310 IHSS Import File

Services provided by the In-Home Supportive Services (IHSS) program are transmitted by CDA to sites each month via the Secure File Transfer (SFT) site. These files consist of data (both encrypted and unencrypted) for import into the site's data system, and a data exception report formatted in a word document. Importing the IHSS file into the site's data system replaces previously entered authorized services data with verified services data from the IHSS information system. The data exception report lists those clients that have no match in the IHSS system.

7.320 Transmission of Data to CDA

Verified data on client services, monthly client enrollment and termination information is regularly transmitted by each site to CDA. This information is to be formatted in two files, .dbf and .fpt, to be correctly read by and updated to the CDA client master file. These files are submitted to CDA via the SFT site.

All data for purchased services must be (100%) verified within ninety (90) calendar days of the date the service was delivered. Fifteen (15) days after that verification, the data is due to CDA. Each year CDA provides sites with the **Reporting Due Dates** schedule identifying each calendar date for the deadline for submission of the data.

7.400 Provider Index

The Provider Index contains information regarding the local vendors who provide direct services to clients.

7.410 Provider Index Input Reports

The Provider Index Report identifies vendors of **waiver services**. Sites are required to submit the Provider Index Report for State to CDA at the start of each fiscal year. The exact due date is listed on the **Reporting Due Dates** schedule.

7.500 Coding Systems

7.510 Service Codes

The specific client services utilized by MSSP are defined in Section 3.1430, Waiver Services, of this Manual. All services have been assigned a numeric code, an abbreviated listing of which follows:

Waiver Services Codes

1.0 Adult Day Support
1.1 Adult Day Care
2.2 Minor Home Repairs and Maintenance
2.3 Non-Medical Home Equipment
2.4 Emergency Move
2.5 Emergency Utility Service
2.6 Temporary Lodging
3.1 Supplemental Chore
3.2 Supplemental Personal Care
3.3 Supplemental Health Care
3.7 Supplemental Protective Supervision
3.9 Supplemental Professional Care Assist.
4.3 Purchased Care Management
4.6 Deinstitutional Care Mgmt.
5.1 Respite/In-Home
5.2 Respite/Out-of-Home
6.3 Transportation/Hour
6.4 Transportation/OWT
7.1 Congregate Meals
7.2 Home-Delivered Meals
7.3 Food
8.3 Social Support
8.4 Therapeutic Counseling
8.5 Money Management
9.1 Communication/Translation
9.2 Communication/Device

7.510.1 Unit Type

Consistent terminology for units of service has been devised to facilitate collection of the data. Each service (e.g., personal care, transportation, respite) is associated with a specific unit or set of units: hour, visit, one time only, one way trip, meal, day, and month. The number of units (e.g., 8 meals) is recorded as well. Most of the unit type designations are self-explanatory. Those that require some clarification are:

- "OTO" (one time only) and "Visit" refer to an event rather than a particular thing.
- "OWT" (one way trip) is defined as travel from point A to point B and is recorded as one unit of transportation (1 OWT). A round trip, travel from point A to point B and back to A, is recorded as two one way trips (2 OWT).

7.520 Fund Codes

Each service provided for a client is defined in terms of the source of funding. The codes used to differentiate the funding sources are:

3 (REFERRED): Title XX (Social Services Block Grant).
4 (REFERRED): Title III (Older Americans Act).
6 (REFERRED): Personal Care Services Program (PCSP) and the IHSS received through the State Plan.
10 (PURCHASED): Waiver Services (Title XIX).

Note: referred services that access funding under Fund Code 3 (Title XX) and Fund Code 4 (Title III) do not need to be tracked on the SPUS.

7.530 Provider/Vendor Codes

Each vendor will be assigned a unique provider code number. This number, which may be one to three digits in length, serves to identify the provider within the MSSP data system. Once assigned to a service vendor, the provider number does not change, even if the vendor is no longer an active provider. A provider's number is not reassigned in this system.

Most client services are arranged through specific vendors under contract or another formal agreement with a particular site (e.g., ABC Pharmacy, National Home Care Services). For purchases of goods, a generic provider may be used. In the absence of a contract, an abbreviated agreement or purchase order is used to authorize the provision of client services. Vendors that are accessed through the Purchase of Service process have prescribed provider numbers.

The following is a summary of provider/vendor numbers and how they are utilized:

1-569: This series of numbers are to be assigned by each site to specific provider entities, (e.g., ABC Pharmacy, National Home Care Services). A specific provider code number must be associated with each tracked service.

639-649: These numbers are used for common non-Medi-Cal referred services.

659-670: Used for emergency or expedited purchase of specific Waiver services or items via purchase orders.

Note: Sites are required to identify resources for the full array of services to the extent they exist within the community. Sites may contract with vendors or access services/items through the Purchase of Service process. In either instance, it is the site's responsibility to ensure that all providers meet the minimum qualifications and are able to deliver the services appropriate to meet the needs of the clients (CDA Standard Agreement; Chapter 8 MSSP Site Manual).

7.540 Site Codes

Each site is identified by a numeric code as follows:

#	Name
1	City of Oakland
2	Not in use
3	AltaMed Health Services Corp.
4	Jewish Family Services of LA
5	SCAN Health Plan, Inc.
6	Institute on Aging
7	San Diego County
8	Community Care Mgt. Corp.
9	Humboldt Senior Resource Center Inc.
10	California State University-Chico
11	Sonoma County
12	UC Davis Care Management
13	County of San Mateo
14	Stanislaus County
15	Not in use
16	Huntington Hospital
17	County of San Bernardino
18	Not in use
19	Not in use
20	Council on Aging Silicon Valley
21	Fresno-Madera AAA
22	Not in use
23	Imperial-Work Training Center
24	County of Riverside
25	Golden Umbrella
26	Jewish Family Services-Marin
27	Not in use
28	Merced County
29	Not in use
30	Not in use
31	Napa-Solano AAA
32	Area 12 AAA
33	Kings-Tulare
34	Ventura County AAA
35	El Dorado County
36	Yuba County
37	City of Fremont
38	Not in use
39	Human Services Assn.
40	Partners in Care Foundation
41	CalOptima
42	Not in use
43	Partners in Care – South
44	Not in use
45	Not in use
46	CenCal Health
47	Rehabilitation ServicesNorCal
48	Health Projects Center (HPC)
49	Catholic Charities – Stockton
50	Not in use
51	Partner's in Care – Kern
52	HPC – Monterey
53	California Health Collaborative

7.550 Site Staff Codes

A number of no more than three digits (no leading zeros) will be assigned to each staff person who has a direct role in the delivery of care management. The code is unique to each individual regardless of position title. The specific positions for which codes must be assigned are: Supervising Care Manager (SCM), Social Work Care Manager (SWCM), Nurse Care Manager (NCM) and Care Manager Aide (CMA).

The code for the primary care manager is entered on the CETIF. Temporary staff or student interns documenting work with a particular client should use the code of the primary care manager permanently assigned to that client.

7.560 MSSP Client Codes

Each site assigns a unique four-digit code number to each new client beginning with the number 1000. If a person terminates their participation as a client in MSSP and then subsequently re-enrolls, their original number is reactivated and reassigned to them.

7.600 E-mail

E-mail is an important electronic communication system linking all sites and CDA.

CDA uses this form of communication to quickly disseminate information to sites. Sites must maintain an effective system to monitor and respond to e-mail communications.

Note: All communication that contains identifiable client data must be transmitted via the Secure File Transfer (SFT) site.